



# WINDSOR POLICE DEPARTMENT

## CASE FILE COVER PAGE AND INVENTORY



12-05-2020

INCIDENT DATE

2020-00188

INCIDENT NUMBER

PLEASE INDICATE BY EACH DEFENDANT(S) NAME WITH EITHER (A) FOR ADULT OR (J) FOR JUVENILE

DEFENDANT(S) NAME

CHARGE(S)

NAZARIO, CARON RENE

 18.2-460 Obstruction of Justice w/  
Force(M)  
46.2-817 Eluding Police(M)

Officer D. Crocker

INVESTIGATOR

1 E. Windsor Blvd.

LOCATION OF OFFENSE

Chief R.D. Riddle

REVIEWING SUPERVISOR

ATTACHED	NOT NEEDED	NEEDED	# OF PAGES	ITEMS	ATTACHED	NOT NEEDED	NEEDED	# OF PAGES	ITEMS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CRIMINAL INCIDENT REPORT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEARCH WARRANT & AFFIDAVIT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INVESTIGATORS NARRATIVE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONSENT SEARCH FORM
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WARRANT OR PETITION OF ARREST	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PHYSICAL EVIDENCE LIST
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WITNESS TESTIMONY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PROPERTY AND EVIDENCE FORMS:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WITNESS WRITTEN STATEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LAB REQUEST FOR EXAM (RFLE)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VIDEO STATEMENT OF ACCUSED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LAB REPORT
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RIGHTS FORM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IMPOUND / VEHICLE TOW SHEET
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WITNESS LIST: (NAME, ADDRESS, PHONE)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEIZURE PAPERWORK
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PHOTOGRAPHS & MUG SHOTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EVIDENCE ATTACHMENTS:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CRIME SCENE SKETCH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EMS PATIENT CARE/TRIP REPORT -- MEDICAL INFO.

DATE ACCUSED TRIED:

 ACCUSED TRIED IN: ☐ Circuit Court Part ☐ General District Court ☐ Juvenile Domestic Relations District Court

 ACCUSED TRIED AND FOUND ☐ Guilty ☐ Not Guilty ☐ Dismissed ☐ Not Prosecuted (Include reason in Final Disposition)

FINAL COURT DISPOSITION: